PATENT APPLICATION FEE DETERMINATION RECO									~P1	piioa lioi i	, OI 5	OCKBI Hall	ibei	
Effective October 1, 2000								07569.0023						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								IALL PE	ENT	TITY	OR	OTHER SMALL		
TOTAL CLAIMS 44					: .	4.		RATE	T	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE 355.0		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			Hef minus 20=		. 0	24	<u></u>		-		OR	X\$18=	432	
INC	DEPENDENT C	LAIMS	[3 m	inus 3 =		\mathscr{O}		X40=			OR	X80=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT							OH	7.50-	-		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+135=			OR	+270=		
								OTAL	L		OR	TOTAL	1142	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							MAL	L EN	NTITY	OR	OTHER SMALL I		
IENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	F	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 81	Minus	44	4	=37	>	(\$ 9=	3	33.00	OR	X\$18=		
	Independent	ENTATION OF M	Minus	3	CLAINA	-3	,	(40=	10	26.00	OR	X80=		
				LIVERI	·		+	135=			OR	+270=		
11.05									L 4	59.00	OR ,	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE WAR ADDIT. FEE						
AMENDMENT B		CLAIMS REMAINING		HIGH	EST	PRESENT		RATE		ADDI-	1		ADDI-	
		AFTER AMENDMENT	- 19 G 4	PREVIO	DUSLY		F		- 4	ONAL FEE	I	RATE	TIONAL FEE	
	Total	. 81	Minus	8	1	=	×	\$ 9=	1		OR	X\$18=	<u> </u>	
	Independent FIRST PRESE	NTATION OF MI	Minus	*** (CLAIM	F	×	(40=			OR	X80=		
SEST AVAILABLE COPY								135=			OR	+270=		
								TOTAL			OR,	TOTAL ADDIT, FEE		
AMENDMENIC		CLAIMS REMAINING AFTER AMENDMENT	28	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R	ATE	TR	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X	\$ 9=	T		OR	X\$18=	, , , ,	
	Independent	•	Minus	***		=	T	40=	†		ŀ	X80=		
1	FIRST PRESE	PRESENTATION OF MULTIPLE DEPENDENT CLAIM						40=	╁		OR	X80=		
• 16	the entry in colum	+1	35=			OR	+270=							
11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR 🚡	TOTAL DDIT, FEE		
T	i vie "Hignest Nu <i>r</i> he "Highest Num	mber Previously Pa ber Previously Paid	ing For IN THIS For (Total or	SPACE is Independe	less than nt) is the	n 3, enter "3." highest number		T. FEE the ap		riate box				
								·						

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